

# Completing an Application for Financial Assistance

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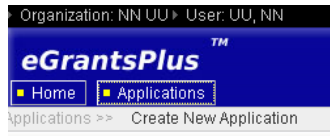
## Completing an Application for Financial Assistance

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- **Starting a New Application**

[Top ↑](#)

At the Home Page, you will see the menu options shown below. If you click on **Applications**, the submenu item **Create New Application** will appear.



If you click **Create New Application**, a new application will be opened for you to begin. Only the top of the first screen is displayed here.

A screenshot of the eGrantsPlus Applicant Information form. The form is titled 'Applicant Information' and has a sidebar with links: 'NOFA: Home', 'Owner', and 'Assistance'. The main section is labeled 'PROFILE' and contains several input fields: 'Prefix' (a dropdown menu), 'First Name\*' (text input with 'Ima'), 'Middle' (text input), 'Last Name\*' (text input with 'NewApplicant'), and 'Suffix' (a dropdown menu).

- **Continue Completion of an Existing Application**

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If you have started an application, you will see the following information at the Home Page. In this example, the user has started two applications and has already started an application. The application ID (06HA001785) is a link. If you click on the link you will be taken to the application.

A screenshot of the eGrantsPlus Home Page. At the top, it shows 'Organization: NN UU' and 'User: UU, NN'. There is a 'Logout' button in the top right corner. Below the eGrantsPlus logo are 'Home' and 'Applications' buttons. A '(Help)' link is visible on the right. The main content area has a 'Welcome to eGrantsPlus' message. Below this, it says 'The following are applications that you have not submitted.' and displays a table of applications.

Application ID	Status	Created Date
<a href="#">06HA001785</a>	Applicant Initial Entry	04/12/2006

As you work on your application, the application ID is displayed on the left side of each screen. If you need help with your application, the help desk will need that number to assist you.

NOFA:  
2006  
Homeowner  
Assistance  
NOFA

Applicant Information

**PROFILE**

Prefix: First Name\*: Middle: Last Name\*: Suffix:

SSN\*: Confirm SSN\*:

Gender: Race: Ethnicity Marital Status

Date of Birth :

Application ID:  
06HA001785

IDENTIFICATION

## Step 1: Applicant Information

- Applicant Information

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The Applicant Information page retrieves information entered when you registered for an account. You should check the pre-filled information and complete the sections that have not yet been completed before clicking **Next**. Information that is required is indicated by an asterisk (\*) to the right of the label for the data element. If you receive a message that required information has not been provided, provide that information and click **Next**.

- You are required to respond to the questions about gender, race, ethnicity and marital status. Your responses are for information and reporting purposes only and will not affect your eligibility for receipt of funds under this financial assistance program. For each of the questions – Gender, Race, Ethnicity, and Marital Status, there is an option to Decline to Answer.
- For Identification, you must provide a picture ID with a number. The cell labeled Location will be used to record the Issuing Authority of your ID, e.g., MS or USA.

## Applicant Information

### PROFILE

Prefix:	First Name*:	Middle:	Last Name*:	Suffix:
<input type="text"/>	<input type="text" value="Ima"/>	<input type="text" value="New"/>	<input type="text" value="Applicant"/>	<input type="text"/>
SSN*:		Confirm SSN*:		
<input type="text" value="***-**-****"/>		<input type="text" value="***-**-****"/>		
Gender:	Race:	Ethnicity	Marital Status	
<input type="text" value="Male"/>	<input type="text" value="Caucasian"/>	<input type="text" value="Hispanic/Latino"/>	<input type="text" value="Single, Never Married"/>	
Date of Birth*:				
<input type="text" value="April"/>	<input type="text" value="3"/>	<input type="text" value="1982"/>		
MM	DD	YYYY		

Application ID:  
06HA001785

### IDENTIFICATION

Is the Applicant a US Citizen? ☒ Yes ☐ No

Identification Type :	Number :	Location :
<input type="text" value="U.S. Driver's License"/>	<input type="text" value="1111111111"/>	<input type="text" value="MS"/>

Applicant:  
UU, NN

### EMAIL

Do you have an email: ☒ Yes ☐ No

Email:	Confirm Email:
<input type="text" value="iapplicant@strlc.com"/>	<input type="text" value="iapplicant@strlc.com"/>

### PHONE

Daytime Phone\*:

<input type="text" value="1"/>	<input type="text" value="555"/>	<input type="text" value="555"/>	<input type="text" value="5555"/>	<input type="text" value="x"/>	<input type="text"/>
Country Code (###)	###	####	Extension		

### ADDRESS INFORMATION

Please enter your address information.

Country*:	
<input type="text" value="United States"/>	
State*:	
<input type="text" value="Mississippi"/>	
Street Address*:	
<input type="text" value="123 Some Street"/>	<input type="text" value="Apt 2"/>
City*:	
<input type="text" value="Gulfport"/>	
Zip*:	
<input type="text" value="39501"/>	<input type="text"/>

Next

- Applicant Questions

[Top ↑](#)

The next page of the application asks some questions about the Applicant and the Joint Applicant. Each question should be answered. If you respond YES to question #3, you will be required to answer questions #4 and 5.

NOFA:  
2006  
Homeowner  
Assistance  
NOFA

## Applicant Information (Contd.)

### APPLICANT'S INFORMATION

- Does the Primary Applicant's name appear on the Ownership-Acquisition Deed for the Damaged Residence?\*
- Was the Primary Applicant an occupant of the Damaged Residence on August 29, 2005?\*

### JOINT APPLICANT

- Is there a Joint Applicant for this Grant Application?\*
- Does the Joint Applicant's name appear on the Ownership/Acquisition Deed for the Damaged Residence?\*
- Was the Joint Applicant an occupant of the Damaged Residence on August 29, 2005?\*

Application ID:  
**06HA001785**

Applicant:  
**Applicant, Ima**

If you are not a homeowner (your name does not appear on the Ownership/Acquisition Deed of the Damaged Residence), you will be asked whether you have a Power of Attorney for the homeowner. If the response to that question is no, you will be asked to acknowledge the statement in orange below.

### APPLICANT'S INFORMATION

- Does the Primary Applicant's name appear on the Ownership-Acquisition Deed for the Damaged Residence?\*
  - Do you have the Power of Attorney for the homeowner?
- Because your name does not appear on the Ownership/Acquisition Deed for the Damaged Residence and you do not have the Power of Attorney for the homeowner, you may not be eligible for financial assistance under this program.*  
☐ I have read this statement

As you progress through the application, it is important that you correctly answer the questions about ownership and occupancy because your responses will be used later in the application.

If you indicated is a joint applicant (as shown below), you will be taken to the joint applicant information page when you click **Next**.

### JOINT APPLICANT

- Is there a Joint Applicant for this Grant Application?\*
- Does the Joint Applicant's name appear on the Ownership/Acquisition Deed for the Damaged Residence?\*
- Was the Joint Applicant an occupant of the Damaged Residence on August 29, 2005?\*

- Joint Applicant Information

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On the Joint Applicant Information page you will be asked to provide information for the joint applicant that is very similar to the information provided about yourself as the applicant. A completed page is shown below

- On this page, we have displayed a joint applicant who is not a US citizen, hence the requirement to provide information about the country of origin and the Alien Registration Number.
- We have also displayed the page where the Joint Applicant does not have an email address.

NOFA:  
2006  
Homeowner  
Assistance  
NOFA

Joint Applicant Information

Application ID:  
06HA001785

Applicant:  
Applicant,  
Ima

**PROFILE**  
Prefix:  First Name\*:  Middle:  Last Name\*:  Suffix:   
SSN\*:  Confirm SSN\*:   
Gender:  Race:  Ethnicity:  Marital Status:   
Date of Birth\*:  /  /   
MM DD YYYY

**IDENTIFICATION**  
Is the Joint Applicant a US Citizen? ☐ Yes ☒ No  
Alien Registration Number\*:  Country\*:   
123456788 Mexico

**CONTACT INFORMATION**  
Do you have an email: ☐ Yes ☒ No  
Daytime Phone\*:  -  -  -  x   
Country Code (###) ### ##### Extension

**ADDRESS INFORMATION**  
NOTE: Address Type and Location Type fields are required if an address is entered.  
Address Type:  Location Type:  Overnight: ☒ Yes ☐ No Preferred: ☒ Yes ☐ No  
Country\*:   
United States  
State\*:   
Mississippi  
Street Address\*:  Apt X  
123 Some Street  
City\*:  Zip\*:  -   
Gulfport 39501

Previous Next

When you have provided all of the required information, click **Next** to go the page where the Correspondence Mailing Address will be displayed.

- Correspondence Mailing Address

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On the Correspondence Mailing Address page, you can click the checkbox if you want the correspondence to be sent to the mailing address of the applicant. If you want the correspondence to go to a different address, use this screen to enter that address.

NOFA:  
2006  
Homeowner  
Assistance  
NOFA

Application ID:  
06HA001785

Applicant:  
Applicant,  
Primary

### Application Correspondence Address

**CORRESPONDENCE ADDRESS**

☒ Check here if the correspondence address is same as Primary Applicant's address

Address Type:  Location Type:  Overnight: ☒ Yes ☐ No Preferred: ☒ Yes ☐ No

Country\*:

State\*:

Street Address\*:

City\*:  Zip\*:  -

When you click **Next**, you will be taken to the page where you will be asked to provide information about a relative or friend who can be contacted in case we are unable to contact you directly.

- Relative/Friend Information

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This page is used to provide information about a relative or friend who can be contacted in case we are unable to contact you directly. The person does not have to have an email address, but they must have a telephone number.

NOFA:  
2006  
Homeowner  
Assistance  
NOFA

Application ID:  
06HA001785

Applicant:  
Applicant, Ima

### Relative/Friend Information

**PROFILE**

Prefix:  First Name\*:  Middle:  Last Name\*:  Suffix:

**EMAIL**

Do you have an email: ☒ Yes ☐ No

Email:  Confirm Email:

**PHONE**

Daytime Phone\*:   -   x

Country Code (###) ### ##### Extension

**ADDRESS INFORMATION**

Please enter your address information.

Country\*:

State\*:

Street Address\*:

City\*:  Zip\*:  -

When you click **Next**, you will have completed Step 1 of the application. You will be taken to the page where you will provide the address of the Damaged Residence.

## Step 2: Damaged Residence Information

- Damaged Residence Address

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On this page, you will be asked to enter the address of the Damaged Residence. Unlike the other addresses in this application, you must provide both the County and Congressional District of the Damaged Residence. For those in Jackson, Hancock, Harrison and Pearl River, the congressional district is 4.

NOFA:  
2006  
Homeowner  
Assistance  
NOFA

Application ID:  
06HA001785

Applicant:  
Applicant, Ima

Damaged Residence Address

DAMAGED RESIDENCE INFORMATION

Country\*:  
United States

State\*:  
Mississippi

Street Address\*:  
123 Damaged Residence Street

City\*:  
Gulfport

County:  
Jackson

Congressional District:  
4

Phone:  
1 666 - 666 6666  
Country Code (###) ### #####

Zip\*:  
39507 -

Previous

Next

When you click **Next**, you will be taken to the Damaged Residence Questions page.

- Damaged Residence Questions

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On this page, you are asked to respond to five questions.

- Question #2 is only required if you respond with Mobile Home to question #1.



NOFA:  
2006  
Homeowner  
Assistance  
NOFA

Application ID:  
06HA001785

### Damaged Residence Information (Contd.)

#### DAMAGED RESIDENCE INFORMATION

1. Type of structure\*:  
Single Family Home

2. If damaged residence is a mobile home, do you own the lot where the mobile home is/was located?  
☐ Yes ☐ No

3. Is/Was damaged residence located within the 100-year flood plain? \*  
☐ Yes ☒ No ☐ I don't know

4. Please enter the Tax Parcel ID of the Damaged Residence  
11111

5. How will funds received as part of the program be used? \*:  
Elevate and Rebuild

Previous Next

When you click **Next**, you will be taken to the Homeowner Information page.

- Additional Homeowner Information

[Top ↑](#)

When you arrive at this page for the first time, it will display the names of the Applicant and Joint Applicant if you said that their names were on the deed on the [Applicant Questions](#) page

NOFA:

Application ID:  
06HA001785

### Home Ownership Information

#### HOMEOWNER(S) INFORMATION

The following people are currently on the Home Owner List:

Primary Applicant [Update](#)

Joint Applicant [Update](#)

Are there any other names on the Ownership/Acquisition Deed for the Damaged Residence?  
☒ Yes ☐ No

Previous Next

You can add additional homeowners here by selecting **Yes** and clicking **Next**. When a homeowner is added to the page below, do not forget to answer the question at the bottom of the page about Occupancy before clicking **Next**.

NOFA: **Home Owner(s): Add Home Owner**

Application ID: 06HA001785

Applicant: Applicant, Primary

**HOME OWNER PROFILE**

Prefix: M First Name\*: Another Middle: Last Name\*: Homeowner Suffix: S

**EMAIL**

Do you have an email: ☒ Yes ☐ No

Email: howner@xxx.com Confirm Email: howner@xxx.com

**PHONE**

Daytime Phone\*:

1 777 777 7777 x

Country Code (###) ### ##### Extension

**MAILING ADDRESS**

Country\*: United States

State\*: Mississippi

Street Address\*: 4444 Some Other Street

City\*: Gulfport Zip\*: 39506

Was this person an Occupant of the Damaged Residence on August 29, 2005? ☐ Yes ☒ No

Previous Next

When you click **Next**, you will be taken back to the Homeowner Information page where you can continue to add additional names on the deed or you can select No for additional homeowners. At that point, you will be taken to the Damage Estimate Information page when you click **Next**,

NOFA: **Home Ownership Information**

Application ID: 06HA001785

**HOMEOWNER(S) INFORMATION**

The following people are currently on the Home Owner List:

Primary Applicant [Update](#)

Joint Applicant [Update](#)

Another Homeowner [Update](#)

Are there any other names on the Ownership/Acquisition Deed for the Damaged Residence?

☐ Yes ☒ No

Previous Next

- Damage Estimate Information

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When you arrive at this page for the first time, it will display the screen below. If you do have an estimate of the structural damage to the Damaged Residence, enter the information that you have.

- The source of estimate is a list from which you can select the source. If you select other, use the Other Source Name box to provide the name of your source.

Source of estimate:

Insurance

Insurance
Third Party Appraiser
Self
Contractor
SBA
FEMA
Other

Other Source Name

- The name of the company that provided the estimate is option as is the information about the contact person. However, if you provide information about the contact person, it is recommended that you provide both First and Last Name and a telephone number of the contact person.

NOFA:

Damage Estimate Information

Application ID:  
06HA001785

ESTIMATE INFORMATION

Do you have an estimate of the structural damage to the Damaged Residence?

☒ Yes
☐ No

Source of estimate:

Insurance

Other Source Name

Estimated cost of repairs: \$

111111

Company Name

Some Company Name

Applicant:  
Applicant,  
Primary

CONTACT PERSON INFORMATION

Prefix:

First Name\*:

Middle:

Last Name\*:

Suffix:

Bob

Smith

Daytime Phone\*:

1

555

777

7777

x

7777

Country Code (###)

###

####

Extension

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Next

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When you have completed this page, click **Next**. You have completed Step 2 of the application.

### Step 3: Insurance Information

- Insurance Information

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When you arrive at the insurance information or if you have clicked NO to the question previously, you will see the page below

NOFA:

Insurance Information

Application ID:  
06HA001785

HOME OWNER'S INSURANCE INFORMATION

Was a homeowner's insurance policy in effect on the Damaged Residence on August 29, 2005?

☐ Yes
☒ No

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Next

If you click Yes to the question, the page will expand and display the information that can be provided

NOFA: **Insurance Information**

Application ID: **06HA001785**

**HOME OWNER'S INSURANCE INFORMATION**

Was a homeowner's insurance policy in effect on the Damaged Residence on August 29, 2005?  
☒ Yes ☐ No

Applicant: **Applicant, Primary**

Company Name :

Policy Number :

Claim Number:

Other Explanation:

Policy Start Date:

Policy Expiration Date:

Claim Amount:

Settled Amount:

Pending Amount:

Insured Value:

Number of Claims:

Total Damage Estimate:

Identify one name that appears on the policy :

Prefix:  First Name\*:  Middle:  Last Name\*:  Suffix:

**INSURANCE AGENT INFORMATION**

Prefix:  First Name\*:  Middle:  Last Name\*:  Suffix:

Agent Telephone Number\*:

Country Code (###) ### ##### Extension

- You must select a **Company Name** from the list provided. If the insurer is not listed, select **Other**. If you select **Other**, you must provide a company name in the box labeled **Other Explanation**

Company Name :

Allstate Insurance Company

Farm Bureau

Nationwide

State Farm

USAA

Other

- You must provide a Policy Number.
- Although not required, providing the claim number may speed processing of your application.
- You must identify on name that appears on the policy. The list contains all those who you indicated were names on the deed. When you select a name from the list, the name information will be automatically entered. If none of the people listed are on the policy, select **Other** and provide the name information.

Identify one name that appears on the policy :

Prefix:  First Name\*:  Middle:  Last Name\*:  Suffix:

Primary Applicant

Joint Applicant

Another Homeowner

Other

- If you provide information about your insurance agent, please provide first and last name and telephone number.

When you have completed the information about homeowners information as shown below, click **Next**.

NOFA: **Insurance Information**

Application ID: 06HA001785 **HOME OWNER'S INSURANCE INFORMATION**

Was a homeowner's insurance policy in effect on the Damaged Residence on August 29, 2005?  
☒ Yes ☐ No

Applicant: **Applicant, Primary**

Company Name : Allstate Insurance Company	Policy Number : 12345	Claim Number: 43321
Other Explanation: 	Policy Start Date: 1/1/2005 <small>MM/DD/YYYY</small>	Policy Expiration Date: 1/1/2006 <small>MM/DD/YYYY</small>
Claim Amount: 11111	Settled Amount: 1111	Pending Amount: 0
Insured Value: 56000	Number of Claims: 1	Total Damage Estimate: 56000

Identify one name that appears on the policy : **Another Homeowner**

Prefix: Mr.	First Name*: Another	Middle: 	Last Name*: Homeowner	Suffix: Sr
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**INSURANCE AGENT INFORMATION**

Prefix: 	First Name*: Homeowner	Middle: 	Last Name*: AgentName	Suffix: 
-------------	---------------------------	-------------	--------------------------	-------------

Agent Telephone Number\*:  
1 666 666 6666 X 66666  
Country Code (###) ### ##### Extension

Previous Next

You will be asked the same questions about Wind Insurance.

**WIND INSURANCE INFORMATION**

Was a wind insurance policy in effect on the Damaged Residence on August 29, 2005?

☐ Yes ☒ No

Previous

Next

When you click next, you will be asked the same information about Flood Insurance.

**FLOOD INSURANCE INFORMATION**

Was a flood insurance policy in effect on the Damaged Residence on August 29, 2005? ☒ Yes ☐ No

Previous

Next

When you click **Next**, you will be taken to a page to ask if you are involved in litigation with your Insurance Company.

- Litigation Information

[Top ↑](#)

When you arrive at this page, you will be asked if you are involved in litigation with your Insurance Company. If you answer no, no more information is required.

NOFA: **Insurance Information**

Application ID: 06HA001785

**LITIGATION - ATTORNEY INFORMATION**

Are you currently involved in litigation with your Insurance Company?

☐ Yes ☒ No

If you click Yes, you will be asked to provide information about your attorney.

NOFA: **Insurance Information**

Application ID: 06HA001785

**LITIGATION - ATTORNEY INFORMATION**

Are you currently involved in litigation with your Insurance Company?

☐ Yes ☒ No

**ATTORNEY INFORMATION**

Prefix:  First Name\*:  Middle:  Last Name\*:  Suffix:

Country\*:

State\*:

Street Address\*:

City\*:  Zip\*:

Phone Number\*:

Country Code (###) ### #### Extension

When you click **Next**, you have completed Step 3 of the application.

## Step 4: Lien Information

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When you arrive at the Lien Information Page, you will see the page below. Answer the first question on the page.

NOFA: **Lien Information**

Application ID: 06HA001785

**LIEN HOLDERS INFORMATION**

Are there any federal or state tax liens against the Damaged Residence Property?

☐ Yes ☒ No

Do you have a mortgage on the Damaged Residence?

☒ Yes ☐ No

If there is a mortgage on the Damaged Property, click Yes to the second question. The screen below will be displayed. Provide the name of the lien holder, the loan number and the estimated payoff balance.

- If the mortgage company is not listed, select **Other** and provide the **Other Company Name**.

Do you have a mortgage on the Damaged Residence?  
☒ Yes ☐ No

Company Name *	Other Company Name *	Loan Number *	Estimated PayOff Balance *
BanCorpSouth		11111	11111

Continue to respond Yes or No to the questions about Liens on the Damaged Residence. At the point that you respond NO, no additional information is required and you can click **Next** to go to the **Disaster Relief Information** page. You have completed Step 4 of the application.

NOFA: **Lien Information**

Application ID: 06HA001785

**LIEN HOLDERS INFORMATION**

Are there any federal or state tax liens against the Damaged Residence Property?  
☐ Yes ☒ No

Do you have a mortgage on the Damaged Residence?  
☒ Yes ☐ No

Company Name *	Other Company Name *	Loan Number *	Estimated PayOff Balance *
BanCorpSouth		11111	11111

Do you have a second mortgage, home equity line credit, or any other lien on Damage Residence?  
☒ Yes ☐ No

Company Name *	Other Company Name *	Loan Number *	Estimated PayOff Balance *
Country Wide		3333	3333

Do you have a third mortgage, home equity line credit, or any other lien on Damage Residence?  
☒ Yes ☐ No

Company Name *	Other Company Name *	Loan Number *	Estimated PayOff Balance *
Other	Some Company Name	4444	4444

Do you have a fourth mortgage, home equity line credit, or any other lien on Damage Residence?  
☐ Yes ☒ No

Applicant: Applicant, Primary

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## Step 5: Disaster Relief Information

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On this page, you are asked to respond to questions about SBA and FEMA disaster relief assistance for which you may have already applied. Show below is the page when an application has been made to the SBA for assistance. Provide the information requested.

NOFA:

Application ID:  
06HA001785

Applicant:  
Applicant,  
Primary

### Disaster Relief Assistance/Application

1. Have you applied for Katrina-related assistance from the Small Business Administration (SBA) for structural damage to your home?  
☒ Yes ☐ No

1.1. Have you received any Katrina-related assistance from SBA for structural damage to your home?  
☒ Yes ☐ No

**SBA RELIEF INFORMATION**

Loan Number :

FEMA Tele-Registration Number :

Amount Approved :

Amount Received :

2. Did you register with the Federal Emergency Management Agency (FEMA) for any Katrina-related assistance for structural damage to your home?  
☐ Yes ☒ No

3. Do you currently reside in a FEMA provided travel trailer or mobile home?  
☐ Yes ☒ No

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Similar information is required in question #2 if you have applied to FEMA for assistance.

Respond to question #3 and click **Next**. You have completed Step 5 of the application. You will be taken to the Current Household Information page.

## Step 6: Current Household Information

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On this page, you will be asked to provide information about your projected 2006 household income and information about the members of your household.

- Enter your projected 2006 annual gross income
- Select one of the name from the list as the head of household for the remaining questions on the page
- Click the Self check box if the person selected about was an occupant of the Damaged Residence on August 29, 2005.
- Click the Spouse check box if the spouse of person selected about was an occupant of the Damaged Residence on August 29, 2005. If clicked, provide name and date of birth information as shown below.
- Answer question 2B about the number of dependent children in the current household.
- Answer question 2C about the number of other dependents in the current household
- Then, click **Next**.



NOFA:

## Household Information

Application ID: 06HA001785

### HOUSEHOLD INCOME

1. What is your projected 2006 gross total household income?

### HOUSEHOLD MEMBERS

2. Please provide information about the CURRENT household of ONE of the occupants of the Damaged Property on August 29, 2005.

2(a). Please select the occupant\* :

☒ Self  
☒ Spouse

Spouse Full Name

Prefix  First Name\*  Middle Name  Last Name\*  Suffix

Date of Birth\* :  /  /   
MM DD YYYY

2(b). How many dependent children are there in the CURRENT household ? \*

2(c). How many other dependents are part of the CURRENT household? \*

If you indicated that there were dependent children, you will be taken to the screen below. Provide the required information for each dependent child.

NOFA:

## Household Information (Contd.)

Application ID: 06HA001785

Please enter/review the dependent children information.

1. Full Name

Prefix  First Name\*  Middle Name  Last Name\*  Suffix

Date of Birth\* :  /  /   
MM DD YYYY

Then, click **Next**. You have completed Step 6 of the application. If you are completing the application at home, this is as far as you can go. The next three steps must be completed at one of the Service Centers.

At the next page, the service center staff will enter the necessary codes to complete the application.

NOFA:

## Service Center and Staff Codes

Application ID: 06HA001785

A Service Center Staff MUST fill in the following information and validate it before you can proceed to the next step.

Enter your personal ID\* :

Enter the current service center code\* :

## Step 7: Certifications

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At this page, the applicant will be asked to complete the Acknowledgements, the Privacy Policy, and the Certifications as shown below. These are completed by clicking the checkbox after reading the appropriate statements.

NOFA:

Application ID:  
06HA001785

Applicant:  
Applicant,  
Primary

Assurances Information

ACKNOWLEDGEMENTS, POLICIES AND CERTIFICATIONS

Acknowledgements

☒ By checking the box to the left, I assert and certify that all the information on this application and any attachments are true to the best of my knowledge and may be relied upon to provide disaster assistance. All damages claimed are a direct result of the declared disaster. I understand that I could lose benefits and could be prosecuted by Federal, State and local authorities for making false, misleading and/or incomplete statements and documents.

Privacy Policy

Please read the Privacy Policy by clicking [here](#).

☒ By checking the box to the left, I understand and agree to MDA's access, use, and protection of all Nonpublic Personal Information ("NPI") used in the process of my Homeowner Assistance Program grant application.

Certifications

Please read the MDA Acknowledgements and Appeal Process by clicking [here](#).

☒ By checking the box to the left, I certify that I understand the MDA Homeowner Assistance Program's overall acknowledgements and specific procedures for appeal of any grant decision.

Previous

Next

When the checkboxes are checked, the **Next** button is enabled and the applicant can proceed to the next page by clicking **Next**.

## Step 8: Document Requirements

[Top ↑](#)


When you arrive at this page, you will be asked to attach the file that was created for you when you arrived at the service center.

NOFA:

Application ID:  
06HA001785

Documents

Required Documents

	Document Name	Status	Attachments
1.	 Required Application Document	Not Sent	<a href="#">Add Attachment</a>

Previous

Next

To attach that file,

- Click Add Attachment.

NOFA:

## Documents

Application ID: 06HA001785

Applicant: Applicant, Primary

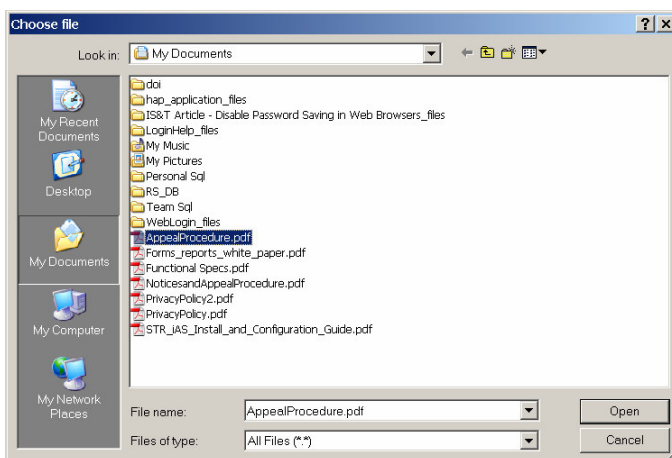
### Required Documents

Document Name	Status	Attachments
1. Required Application Document	Not Sent	<a href="#">Add Attachment</a>

Required Application Document  
Click on the **Browse...** button to select the file and then click on the **Upload** button to complete the upload.

Attach File:

- Click browse to browse the local machine and find the file to be attached.



- When the file is located, click **Open**.
- Click **Upload**.

Required Application Document  
Click on the **Browse...** button to select the file and then click on the **Upload** button to complete the upload.

Attach File:

Repeat the process until all files are attached. The screen will look like the screen below

NOFA:

## Documents

Application ID: 06HA001785

### Required Documents

Document Name	Status	Attachments
1. Required Application Document	Not Sent	<a href="#">Add Attachment</a> <a href="#">congdistlist.txt</a> <a href="#">AppealProcedure.pdf</a>

When all attachments have been added, click **Next**. You have completed Step 8 of the application process.

## Step 9: Service Center Checklist

[Top ↑](#)

This screen is for the use of the Service Center staff as a checklist to ensure that all actions have been taken.

NOFA:

### Service Center Checklist

Before this application can be submitted, you must answer each of the following questions.

Application ID:  
**06HA001785**

Applicant:  
**Applicant,  
Primary**

- ☒ 1. Did every owner of record of the property (or the person holding power of attorney for an owner of record) appear in person as an applicant?
- ☒ 2. Did you review the applicant's government issued ID?
- ☒ 3. Is there a scanned copy of every applicant's government issued ID included in the attached documents?
- ☒ 4. Is there a scanned copy of the signed Applicant Acknowledgement page for each applicant included in the attached documents?
- ☒ 5. Is there a scanned copy of the signed Nonpublic Personal Information page for each applicant included in the attached documents?
- ☒ 6. Have you told the applicant the importance of remembering and not sharing their username="checklistForm" property and password?
- ☒ 7. Does the applicant know how to check the status of their application and who to contact if they have additional questions?
- ☒ 8. Did you inform the applicant of the next steps and expected timing?
- ☒ 9. Please remember to sign the "Application Acceptance Form" after you submit the application.
- ☐ 10. Did each person on the application agree to the use of the Nonpublic Personal Information? (Yes or No)
 

☒ Yes  
☐ No

Comments

This is a comment by the service center staff

[Previous](#) [Next](#)

## Report

When Next is clicked, you will see a report showing the information that has been provided. A section of the report is shown here

NOFA:

### Mississippi Homeowner Assistance Program Report

Program: Mississippi Homeowner Assistance Program Report

Application ID: 06HA001785  
Date Created:

<b>Applicant Name:</b>	Primary	Applicant
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**Demographic Questions**

Gender	Male
Race	CAU

At the bottom of the report, you will be able to submit the application by clicking **Submit Application**. You can also go back into the application and edit information by clicking **Previous**.

**Household Members**

2. Please provide information about the CURRENT household of ONE of the occupants of the Damaged Property on August 29, 2005.

Dependents Information:

Name: SSS SSSS  
Date of Birth: 04-04-1979  
Name: Dependent Name  
Date of Birth: 05-03-2003

[Previous](#) [SubmitApplication](#)

Once you click **Submit Application**, you